



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

Canc: May 2015
IN REPLY REFER TO
BUMEDNOTE 1412
BUMED-M09
9 May 2014

BUMED NOTICE 1412

From: Chief, Bureau of Medicine and Surgery
To: All Medical Department Officers

Subj: ANNOUNCEMENT OF FISCAL YEAR 2015 NAVY MEDICINE COMMANDING
OFFICER AND EXECUTIVE OFFICER SCREENING BOARD

Ref: (a) OPNAVINST 1412.14
(b) BUMEDINST 1412.1A
(c) MILPERSMAN 1301-811

Encl: (1) Commanding Officer's Letter of Recommendation for Commanding
Officer/Executive Officer Screening Template
(2) Navy Medicine Regional Commander/Flag Officer Immediate Superior-in-Command
Endorsement for Commanding Officer/Executive Officer Screening Template
(3) Acronyms

1. Purpose. To announce the convening date of the Navy Medicine Commanding Officer (CO) and Executive Officer (XO) Screening Board for Fiscal Year 2015 command opportunities and to provide information concerning application procedures per references (a) through (c) and enclosures (1) and (2). Enclosure (3) contains a list of acronyms.

2. Scope. This notice applies to all Navy Medicine activities and Navy Medicine personnel that desire to be considered for assignment as a CO or XO.

3. Background. CO and XO positions are leadership positions defined by Commander, Navy Personnel Command (NAVPERSCOM) (PERS-4415) and the Bureau of Medicine and Surgery (BUMED) Council of Corps Chiefs. These positions require special expertise, experience, and a documented career progression that prepares an officer for these responsibilities.

4. Executive Medicine Required Qualities/Criteria

a. Experience

(1) Documented track record of success in leadership and non-leadership positions in assignments relevant to the category of command desired.

(2) A pattern of successful progression of experience within a medical treatment facility (MTF) and/or non-MTF (i.e., Headquarters staff at BUMED, Bureau of Naval Personnel, research and development or other support functions) and/or operational tours with increasing scope of accountability and responsibility.

b. Knowledge/Skills/Attributes

- (1) Solid knowledge and understanding of the Navy Medicine enterprise in relationship to the operational mission.
- (2) Joint Operations/Experience. (Highly desired, but not required).
- (3) Firm foundation and understanding of business principles and practices.
- (4) Knowledge and understanding of clinical privileging, quality improvement, and patient safety principles and practices.
- (5) Ability to function in a complex matrix organization.
- (6) Ability to communicate effectively in public and private forums. Understanding of strategic and risk communication.
- (7) Ability to provide timely and constructive feedback utilizing established civilian and military personnel evaluation systems.
- (8) Critical and strategic thinking and problem solving skills.
- (9) Joint Medical Executive Skills Program Additional Qualification Designator 67A-Executive Medicine. (Recommended, but not required.)
- (10) Joint Professional Military Education Phase I (Command and Staff College or War College (Resident/Non-Resident). (Highly desired, but not required.)
- (11) Role model in Navy core values, military bearing, and physical fitness.
- (12) Strategic planner and thinker.
- (13) Visionary.
- (14) Develops subordinates; values diversity.
- (15) Understands and supports broader organizational goals.

c. Additional requirements. Expectation is that selectees will be:

- (1) Universally assignable and able to meet permanent change of stations parameters. Rare exceptions may be considered.

(2) Meets body composition assessment and physical fitness assessment standards. No failures in either category within the last four cycles.

(3) CO positions: Must be able to complete a full CO tour before reaching statutory age of 62 or mandatory retirement.

(4) XO positions: Must have at least 5 years remaining on Active Duty before statutory age of 62 or mandatory (statutory) retirement to facilitate potential assignment to full XO and CO tours.

5. Criteria for Selection to MTF and Hospital Ship (T-AH) CO/XO Positions

a. CO MTF/T-AH Positions

(1) Officer must be in the grade of Captain (O-6).

(2) Successful completion of at least 1 year of an XO/Deputy Commander tour.

(3) CO T-AH: Operational experience desired; global health background is also desired as CO serves as a health diplomat during humanitarian missions.

b. Executive Officer (XO) MTF/T-AH Positions (Credited as an MTF XO assignment)

(1) With rare exception, officer will be in the grade of Captain (O-6).

(2) Successful demonstration of MTF mid- or senior level management. (Operational experience desired, but not required).

6. Criteria for Selection to Research/Support CO/XO Positions

a. CO Research/Support Activities

(1) Officer must be in the grade of Captain (O-6).

(2) Successful completion of at least 1 year of an XO tour.

(3) Experience in the business aspects of research and/or support activities with knowledge or experience in fiscal management, grants administration and program management, personnel management, contracting, etc.

(4) Experience and understanding of principals of human research protections, protocol approvals, and the Institutional Review Board processes.

b. XO Research/Support Activities

(1) With rare exception, officer will be in the grade of Captain (O-6).

(2) Experience in the business aspects of research and/or support activities with knowledge or experience in fiscal management, grants administration and program management, personnel management, contracting, etc.

7. Criteria for Selection to Operational CO/XO Positions (Medical Battalions, Dental Battalions, Field Medical Training Battalions)

a. Commanding Officer (CO) Operational Activities

(1) Officer must be, at minimum, in the grade of Commander (O-5). The officer cannot be failed of selection to Captain (O-6).

(2) Dental Battalion CO billets are coded 2200 designator and require successful Marine Corps experience; Fleet Marine Force Warfare Officer (FMFWO) qualified officer preferred. Officers with requisite skills and experience may be considered; the best qualified officer will be selected.

(3) Medical Battalion/Field Medical Training Battalion CO billets are coded 2300 designator and require successful Marine Corps experience; FMFWO qualified officer preferred. Officers of all designators with requisite skills and experience may be considered on a case-by-case basis. The best qualified officer will be selected, regardless of designator.

b. Executive Officer (XO) Operational Activities

(1) Officer must be, at minimum, the grade of Lieutenant Commander (O-4). Officers cannot be failed of selection to Commander (O-5).

(2) Dental Battalion XO billets are coded 2200 designator and require successful Marine Corps experience; FMFWO qualified officer preferred. Officers with requisite skills and experience may be considered; the best qualified officer will be selected.

(3) Medical Battalion/Field Medical Training Battalion XO billets are coded 2300 designator and require successful Marine Corps leadership experience; FMFWO qualified officer preferred. Officers of all designators with requisite skills and experience may be considered on a case-by-case basis. The best qualified officer will be selected, regardless of designator.

8. Criteria for Selection to CO Positions at the Navy Drug Screening Laboratories

a. Officer must be the grade of commander (O-5). Officers cannot be failed of selection to Captain. In the event that a Lieutenant Commander (O-4) best meets the required skill set, the officer cannot be failed of selection to Commander.

b. Per reference (d), officer must have, at a minimum, a Doctor of Philosophy degree in toxicology, biochemistry, or the physical or biological sciences from an accredited university, and at least 3 years of experience in one of the Department of Defense Drug Screening Laboratories.

9. Application Process

a. Officers desiring to be screened for the upcoming year must submit the following documents with their application before the below designated deadline.

(1) Completed Screening Application.

(2) A copy of most recent fitness report unless it is already contained in officer's official military record (Official military records are at NAVPERSCOM (BUPERS Online). Officers must ensure that all personally identifiable information (PII) (i.e., social security number) is redacted.

(3) A CO letter of recommendation for all CO and XO applicants.

(4) An endorsement from the Navy Medicine region commander or Immediate Superior in Command (ISIC) Flag for all CO and XO applicants.

b. Only applicants that submit a screening package prior to the submission deadline will be eligible for screening.

c. The preferred method for submitting an application is by e-mail with scanned copies of signed documents attached. E-mail should be sent encrypted to protect PII. Applications will also be accepted via mail or fax (signed copies only) when another more secure means is not possible. The appropriate address and fax number can be found on NAVMED 1412/1, Fiscal Year 2015 Commanding Officer/Executive Officer Screening Application.

d. Application packages must be received at NAVPERSCOM (PERS-4415) no later than 1 July 2014. Incomplete applications will not be considered by the board.

10. Oral Board Process

a. NAVPERSCOM (PERS-4415) reviews applications for completeness and eligibility for Medical Department CO/XO screening. Following review, NAVPERSCOM (PERS-4415) will submit a list of all applicants to the Deputy Chief, BUMED and Senior Deputy Corps Chief by 10 July 2014.

b. Officers desiring to screen must complete an oral board conducted to assess the officer's understanding of and readiness for the responsibilities of command.

c. Deputy Chief, BUMED will notify the Commander, Navy Medicine East and Navy Medicine West of eligible applicants that qualify for an oral screening board no later than 11 July 2014.

d. The Navy Medicine regional commanders shall be directed to select oral board membership and convene the oral board per BUMED Fiscal Year 2015 Precept for Navy Medicine CO/XO Oral Screening Board guidance. Board members will use NAVMED 1412/2, Navy Medicine Oral Board Assessment for their assessment of the applicant.

e. Oral Boards will be held either in person or by video teleconference (VTC) from 11 – 24 July 2014. If circumstances exist where the oral board cannot be conducted in person or by VTC, the board may be conducted by telephone, if approved by the board president.

f. The senior member of the oral board shall report their findings to the Deputy Chief, BUMED in writing as instructed by reference (b) no later than 1 August 2014.

g. Officers not recommended by the oral board will not be considered by the Command Screening Board.

11. Medical Department CO/XO Screening Board

a. PERS-4415 serves as the Medical Department CO/XO Screening Board sponsor.

b. PERS-4415 will conduct a final review of applicants that successfully pass the oral screening board completeness and eligibility for Medical Department CO/XO screening.

c. Applicants who successfully screen are considered eligible for assignment to any Senior Executive Medicine (SEM) position within Navy Medicine (MTF, research activity, support activity, or major operational command), and if slated, will be assigned based on the "Needs of the Navy." Officers who apply for SEM screening should do so with this in mind, and be willing to accept a leadership position for which they are slated.

d. The limit for the number of CO and XO screened personnel per category will be 1.5 times the anticipated number of CO and XO opportunities available for that fiscal year.

e. The results of the screening board are approved by Commander, Navy Personnel Command.

f. The approved board results are forwarded by the board sponsor to the Deputy Chief, BUMED.

g. The Chief or Deputy Chief, BUMED, after review and approval, will releases the results of the board via the Corps Chiefs.

h. Screening for CO/XO positions is valid for 1 year only. Applicants who do not successfully screen, or who screen but are not assigned to a SEM position in a particular cycle, may reapply in subsequent years if they meet screening criteria. Those officers who do not successfully screen for SEM are encouraged to contact the Deputy Chief of their Corps for counseling and guidance.

12. Timeline and Responsibilities

MONTH	EVENT	RESPONSIBILITY
July 2014	Medical Department CO/XO Screening Board draft convening order with approved quotas to NAVPERSCOM (PERS-814)	NAVPERSCOM (PERS-4415)
1 July 2014	SEM screening package applications due	Applicants
10 July 2014	PERS notifies Deputy Chief, BUMED of applicants requiring oral board	NAVPERSCOM (PERS-4415)
11-24 July 2014	Oral boards conducted	Deputy Chief, BUMED
1 August 2014	Oral board results reported to Deputy Chief, BUMED	BUMED
1-15 August 2014	Applicants notified of oral board results	BUMED
25 August 2014	Oral board results received by NAVPERSCOM	BUMED
18 September 2014	Medical Department CO/XO Screening Board	NAVPERSCOM (PERS-4415)

13. Records. Records created as a result of this instruction, regardless of media and format, shall be managed per SECNAV M-5210.1 of January 2012.

14. Form

a. NAVMED Form 1412/1 (4-2014), Fiscal Year 2015 Commanding Officer/Executive Officer Screening Application is available at:
<http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.

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b. NAVMED Form 1412/2 (5-2014), Navy Medicine, Oral Board Assessment is available at: <http://www.med.navy.mil/directives/Pages/NAVMEDForms.aspx>.



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Distribution is electronic only via the Navy Medicine Web site at:
<http://www.med.navy.mil/directives/Pages/BUMEDNotes.aspx>

BUMEDNOTE 1412
9 May 2014

**Commanding Officer's Letter of Recommendation for
Commanding Officer/Executive Officer Screening Template**

1412
Ser 00/
Date

From: Commanding Officer, (insert command name)
To: President, Fiscal Year-15 Medical Department Commanding Officer/Executive Officer
Screening Board
Via: CAPT John Doe, MSC, USN

Subj: LETTER OF RECOMMENDATION FOR COMMANDING OFFICER/EXECUTIVE
OFFICER SCREENING IN CASE OF CAPT JOHN DOE, MSC, USN

1. **Commanding Officer's Certification.** This officer served as _____. I personally observed his/her performance in this capacity.
2. **Commanding Officer's Justification.** Briefly describe the officer's performance while in your command and potential for leadership in command positions.
3. **Commanding Officer's Endorsement.** I give my _____ recommendation that CAPT _____ be selected for assignment as a Commanding Officer/Executive Officer in Navy Medicine.

Commanding Officer's signature

Enclosure (1)

BUMEDNOTE 1412
9 May 2014

**Navy Medicine Regional Commander/Flag Immediate Superior-in-Command
Endorsement for Commanding Officer/Executive Officer Screening Template**

1412
Ser 00/
Date

FIRST ENDORSEMENT on (insert command name) ltr 1412 Ser (00/XXXXXX) of (Date)

From: Commander, Navy Medicine (East or West)

To: President, Fiscal Year-15 Medical Department Commanding Officer/Executive Officer
Screening Board

Subj: LETTER OF RECOMMENDATION FOR COMMANDING OFFICER/EXECUTIVE
OFFICER SCREENING IN CASE OF CAPT JOHN DOE, MSC, USN

1. Forwarded, recommending _____.
2. Regional Commander's Justification. Briefly describe the officer's performance and potential for success in command positions.

Regional Commander/ISIC's signature

Copy to:
(Insert originating command)
CAPT Doe

Enclosure (2)

ACRONYMS

BUMED	Bureau of Medicine and Surgery
CO	Commanding Officer
FMFWO	Fleet Marine Force Warfare Officer
ISIC	Immediate Superior in Command
MTF	Medical Treatment Facility
NAVPERSCOM	Navy Personnel Command
PII	Personally Identifiable Information
SEM	Senior Executive Medicine
T-AH	Hospital Ship
XO	Executive Officer